

26 10

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Hos.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 10 days In Community 16 Yrs in Arizona 16 Yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Buckeye
(If outside city limits also write RURAL)

(d) Street No. _____ (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Emet Earl Estes (b) If Veteran name war No (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, _____ yrs.

7. Birthdate of deceased Sept 28 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 3 hrs. _____ min. _____
If less than one day

9. Birthplace Unknown Oklahoma
(City, town or county) (State or Country)

10. Usual Occupation Farm Laborer
11. Industry or Business Farming

Father { 12. Name William Estes
13. Birthplace Unknown Missouri
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Gans
15. Birthplace Unknown Kansas
(City, town or county) (State or Country)

16. (a) Informant's own signature B. Records
(b) Address Buckeye, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Palo Verde (c) Date 9/2 1942

18. (a) Embalmer's Signature H.E. Gavette
(b) Funeral Director Buckeye Funeral Home
(c) Address Buckeye, Ariz.

19. (a) _____ (Date received local Registrar)
(b) [Signature] (Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 31 1942
TIME (Hour and minute) Three P. M.

21. I hereby certify that I attended the deceased from 8-21 1942 to 8-31 1942
that I last saw him alive on 8-31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cystitis & Bladder Hemorrhage
Due to An Auto Accident which cut the
Due to spinal cord in 1939

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Lucky M. Rogers M. D.
Address 405 1st Bldg. Date signed 9-8-42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically